

Harry Walter Bramble

Died at ^{Town} Chestertown ^{County} Kent MARYLAND

Date 19 02 May 25 Month Day Age — 2 — Y. M. D. Native of Md Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Geo. Bramble Mother's Maiden Name 151

Cause of Death { Primary Marasmus ac- How long sick 2 Mo.

Death { Immediate complicated with Thrush Accident, Suicide, Homicide

Reported by H. L. ToddAddress Chestertown " Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Perry Carter

Town

County

Died at

MARYLAND

Date 1909

Month

Day

Y.

M.

D.

Native of

Occupation

5

1

70

Age

Ind.

farm labour

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Senile degeneration

How long sick

Death

Immediate

Arrest of Heart's contraction

Accident, Suicide, Homicide

Reported by

Address

Wm Latimer M.D.
Galeua Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Michael Harris.

Town

Pasasapas

County

Stent

MARYLAND

Died at

Date 189-1902 May 12

Month

Day

Y.

M.

D.

Native of

Md

Occupation

Farmerhand

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
NameMother's
Name

93

Cause of

Primary

Pneumonia

How long sick

6 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Wm Jeter, M.D.

Address

Pasasapas

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ebbie M J Hopper

Town

County

Died at Chestertown

Kent

MARYLAND

1902 Month 5 Day 11 Age 41 Y. M. D. Native of Kent Occupation Farmer

Date 1902

~~Male~~ White Married ~~Widow~~ ~~Female~~ Colored Single ~~Widower~~ Number of children living 2

Husband of G. L. Hopper 27

Wife

Father's Name M. J. Pearson

Mother's Name S. C. H. Baird

Cause of Death { Primary Tuberculosis
Immediate Exhaustion

How long sick Seven years

~~Accident, Suicide, Homicide~~

Reported by

H. J. Hopper

Address

M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Mary Emma Jude Linda
 Town Rock Hill County Kent-

Died at

MARYLAND

Date 19 02 May 27 | Age 4 2 22 | Native of | Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 8

Husband of

Wife

Father's
 Name

Charles Jude Foster Mother's Name Clara M Reynolds

Cause of

Primary

apoplexy 20

How long sick

8 day

Death

Immediate

Blood-Poison

Accident, Suicide, Homicide

Reported by

W O Seely M D
 R R P Hae Luth St.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898



Addie Lindsay

Town *Chestertown* County *Kent* MARYLAND

Died at *Chestertown* *Kent*

Date 1962 *May 7* | Age *50 about* | Native of *Kent Co* | Occupation *Cook*

Male *White* Married *Widow* ~~Divorced~~

Female Colored ~~Single~~ *Widower* Number of children living *2*

Husband of *Charles Lindsay*

Father's Name *Jos. Gordon* Mother's Maiden Name *Martha Hodges*

Cause of Death { Primary *Erysipelas* | Immediate *Blood poison* } How long sick *18* *5 or 6 days*

Accident, Suicide, Homicide

Reported by *H. Benge Simmons*

Address *Chestertown, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary Jane Lindsay

Died at ^{Town} *Pomona* ^{County} *Kent* MARYLAND

Date 1902 ^{Month} *May* ^{Day} *8* | Age ^{Y.} *67* ^{M.} *-* ^{D.} *-* | Native of *Kent* | Occupation *Cook*

☒ Male ☒ White ☐ Married ☐ Widow ☐ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower | Number of children living *6*

Husband of *Chas. H. Lindsay*
 Wife
 Father's Name *Chas. Benzman* | Mother's Name *Maria*
 Maiden Name

Cause of Death { Primary *Apoplexy* | How long sick *6 mo*
 Immediate *Coma* | *WAX*
 Accident, Suicide, Homicide

Reported by *H. G. Simpson, M. D.*
 Address *Chestertown Kent Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Fanny Mitchell

Died at Chestertown ^{Town} Stent ^{County} MARYLAND
 Date 1902 May 13 ^{Month Day} Age 65 ^{Y. M. D.} Red ^{Native of} Cook ^{Occupation}
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7
 Husband ~~of~~ Geo. Mitchell
 Wife
 Father's Name Arnon Little ^{Mother's} Hennie Smallwood
 Maiden Name
 Cause of { Primary Chronic interstitial Nephritis How long sick 6 yrs
 Death { Immediate Asthenia 1902 ~~Accident, Suicide, Homicide~~
 Reported by W. G. Simpson, M.D.
 Address Chestertown Stent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Mary E Orem

Died at ^{Town} Chestertown ^{County} Kent

MARYLAND

Date 1901 ^{Month} May ^{Day} 9 | ^{Y.} 68 ^{M.} ^{D.} | ^{Native of} Balto. | ^{Occupation}

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living 5

~~Husband~~ of Jas Henry Orem 52
 Wife
 Father's Name Henry Green Mother's Name Mary E Green
 Maiden Name

Cause of Death { Primary Addison's Disease How long sick 3 months
 Immediate " " Accident, Suicide, Homicide

Reported by H. V. Bringer Simmons
 Address Chestertown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

March 15 1880
Dear Sir
I have the honor to acknowledge
the receipt of your letter of the
12th inst. in relation to the
above matter.

I am sorry to hear
that you are not
satisfied with the
result of the
investigation.
I will endeavor to
furnish you with
the information
you desire.

Isaac M. Riley

Town

County

Died at

Worton

Kent

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	May	4	Age	13		Kent	None
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

Father's

Name

William Riley

Mother's

Maiden Name

Harriet Brown

Cause of

Primary

How long sick

7 days

Death

Immediate

Peritonitis

116

~~Accident, Suicide, Homicide~~

Reported by

John H. Henssey MD.

Address

Hanesville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Butterton



Name in Full

Certificate of Death

John W. Smith

Town

County

Died at

Millington

Kent

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

May

17

Age

84

8

Del

Male

White

~~Married~~~~Widow~~~~Divorced~~

Single

Widower

Number of children living

7

Husband

of

Wife

Father's

Name

Marlowe Smith

Mother's

Name

Ann Smith

Cause of

Primary

Paralysis

Death

Immediate

How long sick

100

Accident, Suicide, Homicide

Reported by

E. L. Black

Address

Millington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Bural
Millington

Name in Full

Certificate of Death

Samuel Franklin Smith

Died at Chestertown Kent

MARYLAND

Date 1902
 Month 5 Day 12
 Age 67 Y. 7 M. 8 D. 8
 Native of Kent Co
 Occupation Merchant
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

Husband of
 Wife Mary Elizabeth Chambers

Father's Name Samuel A Smith

Mother's Name Eliza LaSington

Cause of Death { Primary Arterio-Sclerotic
 Immediate Paralysis 64
 How long sick 3 weeks
 Accident, Suicide, Homicide

Reported by W. James Herin Mrs Chestertown
 Address J. W. Smith Mrs

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Annie Spences

Died at ^{Town} near Holt ^{County} Kent MARYLAND

Date 1902 3 11 Age 53 7/10 Native of Md. Occupation Housewife
 Female White Married Widow Divorced Number of children living 3

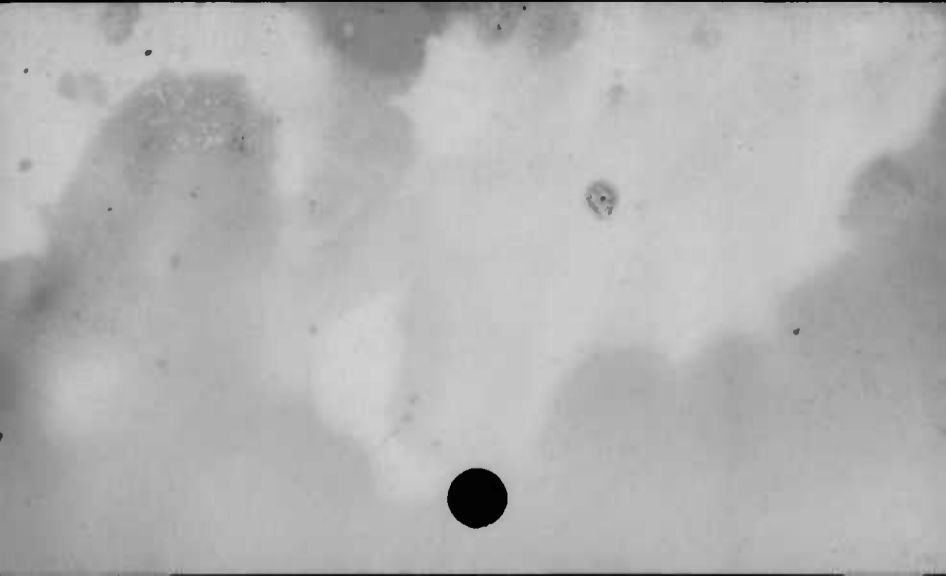
Husband of Isaac Spences
 Wife of ~~Isaac~~
 Maiden Name ~~Isaac~~

Cause of Death { Primary Immediate Paralysis
 Reported by Dr Wm Jacobs

Address Millington, Tenn. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

How long sick
 Died within 24 hours after stroke
 Patient Swindler



Howard Stanley
 Town County

MARYLAND

Died at Mountain Reist
 Month Day Y M. D. Native of Occupation

Date 1902 May 26 Age 4.56 Ind
 Male ~~White~~ Married ~~Widow~~ Divorced
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Howard Stanley Mother's Name Addie Smith.

Cause of Death { Primary Whooping Cough. How long sick 5 days
 Immediate Convulsions Accident, Suicide, Homicide

Reported by G. L. Jarman M.D.

Address Acuedaville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Fountain Church

Susan Taylor

Died at ^{Town} *Easter Neck* ^{County} *Kent* MARYLAND

Date 1902 ^{Month} *May* ^{Day} *14* ^{Y.} *30* ^{M.} *1902* ^{D.} *14* ^{Native of} *Virginia* ^{Occupation} *Housewife*

~~Male~~ ^{Female} ~~White~~ ^{Colored} ~~Married~~ ^{Single} ~~Widow~~ ^{Widower} ~~Divorced~~ ^{Number of children living} *5*

Husband of *John Taylor*

Wife

Father's Name *Not Known* Mother's Name *Susan Bird*

Maider Name

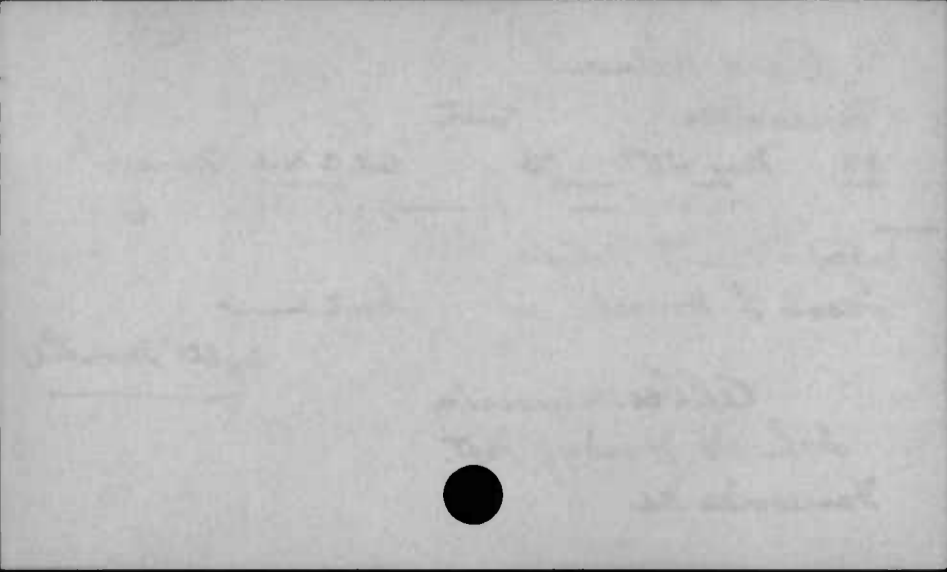
Cause of Death { Primary *Phthisis Pulmonalis* Immediate

How long sick *1 year*

Accident, Suicide, Homicide

Reported by *J. McWilliam*Address *Edenwille**Kent. Com. d.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Blair Wilson

Town

County

MARYLAND

Died at Hanesville

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May 23rd

Age

73

Kent Co Md

None.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widowed~~

Number of children living 6

~~Husband~~Wife ~~Widow~~

Father's

Name

Jacob L Howell

Mother's

Maiden Name

Don't know

Cause of

Primary

Death

Immediate

Albuminuria

How long sick

Eight months

~~Accident, Suicide, Homicide~~

Reported by

John H. Hesser, M.D.

Address

Hanesville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

